



VIET HO
PROSTHODONTIST

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Informed Consent and Permission Form – Dental Implant

Before you give your permission for the dental implant placement and the administration of certain anesthetics, you should understand that there are certain associated risks.

We will be placing implant at site #(s) _____. Common risks include but are not limited to:

1. Drug reactions and side effects.
2. Postoperative infection and/or bleeding that may require treatment.
3. Possible involvement of the sinus during placement of upper back implants, which may require additional treatment or surgical repair at a later date.
4. Possible involvement of the nerve, including but not limited to the placement of lower molar implants, resulting in temporary or possible permanent tingling or numbness, or pain of the lower lip, chin or tongue on the operated side.
5. Bruising and/or vein inflammation at the site of administration of intravenous medications, which may require further treatment.
6. As a result of the injection or use of anesthesia, at times there may be swelling, jaw muscle tenderness or even resultant numbness of the tongue, lips, teeth, jaws and/or facial tissues, that is usually temporary. In rare instances, such numbness may be permanent.

I understand that the success of dental implants depends to a great extent on my maintenance and meticulous hygiene throughout my mouth and especially around the implant posts here they come trough the gum tissue.

I understand that smoking, alcohol, improper dietary practices may affect gum and bone healing and will limit the success of the implant. I agree to follow home care and dietary instructions as prescribed.

I agree to return at regular intervals as specified by the doctor for inspection of my mouth and implant cleansings by the doctor or the hygienist and to have performed such dental services as may be needed to maintain my oral health. This will involve regular and long-term follow-up care for the life of the implant. I hereby acknowledge that I have completely read the foregoing, have discussed any questions or concerns that I may have regarding my proposed surgery/dental treatment, and have been given satisfactory answers.

Patient Name

Patient Signature

Doctor Name

Doctor Signature